



Emergency Medical Information

Camper's Last Name

First Name

Birthdate

Dates Enrolled

Parent/Legal Guardian

Parent/Legal Guardian

Name

Name

Home Address

Home Address

Home Telephone

Home Telephone

Employer

Employer

Work Address

Work Address

Work Telephone

Work Telephone

Physician Information

Dentist Information

Name

Name

Address

Address

Telephone

Telephone

Medical Insurance

Dental Insurance

Insurance Company

Insurance Company

Telephone

Telephone

Employer Group Name

Employer Group Name

Subscriber No.

Subscriber No.

If you cannot be reached in case of an emergency, is there someone else we should call? If so, please provide name and telephone number:

We dispense Tylenol to campers for headache, temperature over 101 and other common symptoms. Please indicate here if you DO NOT want your child to take Tylenol without your specific approval. _____

Child's weight _____

Describe any medication being taken or health problems of which we should be aware.

This information sheet is carried by counselors on all field trips.